

What You Will Pay for Out-of-Network Providers 2018:

Regular Employees

	KingCare Select Regence BlueShield	KingCare Regence BlueShield
Deductible	<u>Out-of-network</u> \$500 single / \$1,500 family	<u>In-network/out-of-network</u> \$300 single / \$900 family Gold \$600 single / \$1,800 family Silver \$800 single / \$2,400 family Bronze
After the deductible/copays, what you will pay for most out-of-network covered services until you reach the annual out-of-pocket maximum	<u>Out-of-network</u> 40% (Plan pays 60%)	<u>Out-of-network</u> 35% (Plan pays 65%) Gold 45% (Plan pays 55%) Silver 45% (Plan pays 55%) Bronze
Out-of-network annual out-of-pocket maximum for medical services	<u>Out-of-network</u> \$2,500 single / \$5,500 family	<u>Out-of-network</u> \$1,900 single / \$4,100 family Gold \$2,400 single / \$5,400 family Silver \$2,800 single / \$6,400 family Bronze

What You Will Pay for Out-of-Network Providers 2018:

Transit ATU 587 Employees

	KingCare Select Regence BlueShield	KingCare Regence BlueShield
Deductible	<u>Out-of-network</u> \$500 single / \$1,500 family	<u>In-network/out-of-network</u> \$350 single / \$1,050 family
After the deductible/copays, what you will pay for most out-of-network covered services until you reach the annual out-of-pocket maximum	<u>Out-of-network</u> 40% (Plan pays 60%)	<u>Out-of-network</u> 35% (Plan pays 65%)
Out-of-network annual out-of-pocket maximum for medical services	<u>Out-of-network</u> \$2,500 single / \$5,500 family	<u>Out-of-network</u> \$2,350 single / \$5,050 family